

HASP FORM

UNITED STATES DEPARTMENT OF AGRICULTURAL
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

FORM 14 Final De-Briefing Form

Total Number of Injuries: 1st aid _____ Recordable _____

Total Number of automobile accidents: _____

Total Number of other incidents continue on separate sheet as needed:

Type pf incident

Number

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Total Number of Training sessions conducted (continue on separate sheet as needed):

Initial training _____

Other _____

Type pf training

Number

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

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Have all the HASP Forms been completed, updated and included with this report? Yes No

If No, describe why : _____

Rotation Statistics (final):

Average number of days worked (all employees): _____

Average number of days worked (Officers): _____

Average number of hours worked in day: _____

List the Deployment close down procedures: _____

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List specific concerns that arose during the deployment that should be addressed for future deployments:

Would you recommend any changes/additions to the HASP Template:
